

FEDERAL COMMUNICATIONS COMMISSION
Washington, D. C. 20554

MAR 10 2003

OFFICE OF
MANAGING DIRECTOR

Ms. Patricia Wodlinger
Monett Communications, Inc.
1569 N. Central
Monett, MO 65708

Re: FY 2002 Regulatory Fee for KRMO
and KKBL
Fee Control No. 00000RROG-03-055
Bill No. 0318000347

Dear Ms. Wodlinger:

This is in response to **your** request filed on behalf of Monett Communications, Inc. (Monett) for waiver of late fees or penalties associated with the fiscal year (FY) 2002 regulatory fees. Our records reflect that your **\$1,350.00** regulatory fee was received by the Commission on October **15, 2002** and that your late fee of **\$337.50** was received twice, on November **18, 2002** and again on November **29, 2002**. You explain in your request that your fee was late due to the death of your mother and your responsibilities as her executor.

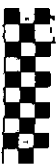
While we are sympathetic to your personal circumstances, the Communications Act of **1934**, as amended, requires the Commission to assess a late payment penalty of **25** percent on any regulatory fee not paid in a timely manner. It is the obligation of the licensees responsible for regulatory fee payments to ensure that the Commission receives the fee payment no later than the final date on which regulatory fees are due for the year. We find that Monett did not meet its obligation to file its regulatory fee to be timely received by the Commission by September **25, 2002**, the final date of the regulatory filing window for FY **2002**. We therefore deny your request for rescission of the late payment penalty for late payment of the fiscal year **2002** regulatory fee. However, since we have discovered that you inadvertently paid your late fee twice, we will refund one of those payments of **\$337.50**.

If you have any questions concerning this matter please contact the Revenue and Receivables Operations Group at (202) 418-1995.

Sincerely,
Sincerely,



Mark A. Reger
Chief Financial Officer



B. -05' 03(WED) 17:28

MONETT COMMUNICATION

TEL:417.235 6388

P. 001

Federal Communications Commission
BILL FOR COLLECTION

FOR INFORMATION CALL
1-202-418-1955
(Revenue & Receivable Ops Group)

Bill Number		Current Bill Date
0318000347		10/17/02
PAYER FRN#	APPLICANT FRN#	
0002536738	0002536738	
Monett Communications, Inc. 1559 N. Central Monett, MO 65708		
Payable to: Federal Communications Commission Send a copy of this bill to: Federal Communications Commission REVENUE & RECEIVABLE OPER. P.O. BOX 358340 PITTSBURGH, PA 15251-8340		
Total Amount Due	Due Date	
337.50	11/16/02	
Total Amount Due Must Be Received By		

SPECIAL INSTRUCTIONS (OPTIONAL)

PAYER FCC REGISTRATION NUMBER (FRN) REQUIRED

Assess penalty for late regulatory fee payment not received by 09/25/02

FCN: 0110160-35186001 CALL SIGN: KRMO

PAYER ADDRESS: Monett Communications, Inc.
1559 N. Central

Monett, MO 65708

*Found this one
attached to check stub
#4097*

Please write your bill number on your remittance.

Please attach a copy of this bill to your payment to ensure proper credit.

PTC	Quantity	Fee Due
0299	1	337.50
Total Due		337.50

Payment Method: Check ☐ (Attach)
Credit Card ☐ (Complete Below)

☐ MasterCard

☐ American Express

☐ VISA

☐ Discover

Account No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration:

--	--

Month

--	--

Year

I hereby authorize the FCC to charge my Credit Card for the service(s) / authorization(s) herein described.

AUTHORIZED SIGNATURE

DATE

AR012-A
2/05/2003
12:14:50

RAMIS ACCOUNTS RECEIVABLE - (c) DSG, Inc.
RECEIPTS DETAIL REPORT
MRTD BY TRANSACTION DATE, CD No., FEE CONTROL NO.

PAGE 1
2/05/2003
12:14:50

CD NO.	CD DATE	FEE CONTROL NO.	FRN	PAVER NAME	TRANSACTION DATE	RECEIPT AMOUNT
560595	11/18/02	0211188835007002	0002536738	Monett Communications, Inc.	11/18/02	\$337.50

Seq: 1 Call sign: 0318000347 FCC code 1: FCC code 2: Tin Number: 0000000000
PTC: 0299 QTY: 1 Applied Amt: 337.50
Applicant Name: MONETT COMMUNICATIONS INC
Address: 1569 N CENTRAL

Total : 1337.50



Non-Public For Internal Use Only

RAMIS ACCOUNT RECEIVABLES

Check Number Query Report

Page 1 of 1
Wednesday, February 05, 2003 12:04 PM

FEE Control Number :	0108038180264003		
Customer FRN :	0001940352	FRN Name :	KTC Broadcasting Inc
Check Number :	14070		
ReceiptAmount :	\$200.00	Date Received :	08/02/2001
FEE Control Number :	0108228994273006		
Customer FRN :	9999999982	FRN Name :	GENERIC FRN
Check Number :	14070		
ReceiptAmount :	\$120.00	Date Received :	08/21/2001
FEE Control Number :	0209178835306001		
Customer FRN :	0002942159	FRN Name :	ALLTEL Corporation
Check Number :	140702400000		
ReceiptAmount :	\$2,245,775.52	Date Received :	09/16/2002
FEE Control Number :	0209248835221008		
Customer FRN :	0004861738	FRN Name :	Blue Chip Broadcasting Licenses II, Ltd.
Check Number :	140700000000		
ReceiptAmount :	\$3,245.00	Date Received :	09/23/2002
FEE Control Number :	0211188835007002		
Customer FRN :	0002536738	FRN Name :	Monett Communications, Inc.
Check Number :	140700000000		
ReceiptAmount :	\$337.50	Date Received :	11/18/2002
FEE Control Number :	0211218001353011		
Customer FRN :	9999999982	FRN Name :	GENERIC FRN
Check Number :	140700000000		
ReceiptAmount :	\$124.70	Date Received :	11/19/2002
FEE Control Number :	0212028165355001		
Customer FRN :	0003787579	FRN Name :	ZGS Broadcasting of Tampa, Inc.
Check Number :	140700000000		
Receipt Amount :	\$135.00	Date Received :	11/29/2002

AR012-A
2/05/2003
12:15:50

RAMIS ACCOUNTS RECEIVABLE - (c) DSG, Inc.
RECEIPTS DETAIL REPORT
SORTED BY TRANSACTION DATE, CD NO., FEE CONTROL NO.

PAGE 1
2/05/2003
12:15:50

CO NO.	CD DATE	FEE CONTROL NO.	FRN	PAYER NAME	TRANSACTION DATE	RECEIPT AMOUNT
560604	12/02/02	0212028835039003	0002536738	Monett Communications, Inc.	11/29/02	\$337.50

Seq: 1 Call sign: 0318000347 FCC code 1: FCC code 2: Tin Number: 0000000000
PTC: 0299 QTY: 1 Applied Amt: 337.50
Applicant Name: MONETT COMMUNICATIONS INC
Address: 1569 N CENTRAL

Total : 1337.50



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RAMIS ACCOUNT RECEIVABLES

Check Number Query Report

Page 1 of 1
Wednesday, February 05, 2003 12:06 PM

FEE Control Number : 0104038245113004			
Customer FRN	: 9999999982	FRN Name	: GENERIC FRN
Check Number	: 14097		
Receipt Amount	: \$120.00	Date Received	: 04/02/2001
FEE Control Number : 0109058994380002			
Customer FRN	: 9999999982	FRN Name	: GENERIC FRN
Check Number	: 14097		
Receipt Amount	: \$120.00	Date Received	: 09/04/2001
FEE Control Number : 0212028835039003			
Customer FRN	: 0002536738	FRN Name	: Monett Communications, Inc.
Check Number	: 140970000000		
Receipt Amount	: \$337.50	Date Received	: 11/29/2002



AR012-A
11/12/2002
13:41:30

RAMIS ACCOUNTS RECEIVABLE - (c) DSG, Inc.
RECEIPTS DETAIL REPORT
SORTED BY TRANSACTION DATE, CD NO., FEE CONTROL NO

PAGE 1
11/12/2002
13:41:30

CD NO.	CD DATE	FEE CONTROL NO.	FRN	PAYER NAME	TRANSACTION DATE	RECEIPT AMOUNT
560573	10/16/02	0210168835186001	DO02536738	Monett Communications, Inc.	10/15/02	\$1,350.00
seq: 1 call sign: KRMO FCC code 1: Fee Code 2: Tin Number: 0431195145						
PTC: 0225 QTY: 1 Applied Amt: 971.00						
Applicant Name: MONETT COMMUNICATIONS INC						
Address: 1569 NORTH CENTRAL						
seq: 2 call sign: KKBL FCC code 1: FCC Code 2: Tin Number: 0431195545						
PTC: 0241 QTY: 1 Applied Amt: 375.00						
Applicant Name: MONETT CWUNICATIONS INC						
Address: 1569 NORTH CENTRAL						
Total :						\$1,350.00

Regulatory Fee Payment

[Close Window](#)

Registration Details	
FRN:	0002536738
Registration Date:	06/24/2000 09:44:49 PM
Last Updated:	06/01/2000 12:00:00 AM
Business Name:	Monett Communications, Inc.
Business Type:	Private Sector, Corporation
Contact Organization:	
Contact Position:	FCC CONTACT
Contact Name:	
Contact Address:	1569 N. Central Monett, MISSOURI 65708 United States
Contact Email:	KRMoKKBL@Mo-Net.com
Contact Phone:	(417) 235-6041
Contact Fax:	(417) 235-6388

10-11-03

Payment Fee # 021016 883518604

I have enclosed a copy of my mother's death certificate as reason why this report is late.

As well as being the only person who can do this report, I was my mother's executor.

Thank you for your consideration.

Patricia Harding

10/23/02
hce

RECEIVED NOV 1 2002

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. <u>009</u>		REGISTRAR'S NUMBER <u>218</u>		124 -			
1. DECEDENT'S NAME (First, Middle, Last) MARY JANE WHEELER			2. SEX FEMALE		3. DATE OF DEATH (Month, Day, Year) SEPTEMBER 12, 2002		
4. SOCIAL SECURITY NO. 495-10-9753		5a. AGE - Last Birthday (Years) 88		5b. UNDER 1 YEAR MONTHS 0 DAYS 0		5c. UNDER 1 DAY HOURS 0 MINUTES 0	
6. DATE OF BIRTH (Month, Day, Year) AUGUST 30, 1914			7. BIRTHPLACE (City and State or Foreign Country) TULSA OKLAHOMA				
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.			9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) MONETT HEALTH CARE			9c. CITY, TOWN, OR LOCATION OF DEATH MONETT		9d. COUNTY OF DEATH BARRY		
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) WIDOWER		11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name) -----		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) HOUSEWIFE		12b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
13a. RESIDENCE - STATE MISSOURI		13b. COUNTY BARRY		13c. CITY, TOWN, OR LOCATION MONETT		13d. ZIP CODE 65708	
13e. STREET AND NUMBER 410 WEST BENTON			13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13g. YEARS AT PRESENT ADDRESS <input checked="" type="checkbox"/> Under 5 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20 or more		
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:			15. RACE - American Indian, Black, White, etc. (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (11-4 or 5+) 5		
17. FATHER'S NAME (First, Middle, Last) WILLIAM SMITH			18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLOTTE SMILEY				
19a. INFORMANT'S NAME (Type/Print) PATRICIA WODLINGER			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 805 HAMPTON PLACE, MONETT, MISSOURI 65708				
20a. BURIAL, CREMATION CREMATION		20b. DATE OF DISPOSITION (Month, Day, Year) SEPTEMBER 13, 2002		20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) D.W. NEWCOMER'S SONS		20d. LOCATION (City or Town, State) OVERLAND PARK, KANSAS	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 		22a. NAME AND ADDRESS OF FACILITY D.W. NEWCOMER'S SONS 11200 METCALF OVERLAND PARK, KANSAS 66210		22b. FUNERAL ESTABLISHMENT LICENSE NUMBER BE169			
23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Pneumonia</u> DUE TO (OR AS A CONSEQUENCE OF):						one + 1/2 weeks	
Sequitentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST b. <u>Acute Rib Fracture</u> DUE TO (OR AS A CONSEQUENCE OF):						one + 1/2 weeks	
c. <u>Breast Cancer metastatic to bone</u> DUE TO (OR AS A CONSEQUENCE OF):						ten years	
d. <u>NA</u> DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <u>Atherosclerotic Cardiovascular Disease, Degenerative</u> <u>Dementia, Severe, Peripheral Vascular Disease</u>							
24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		27a. DATE OF INJURY (Month, Day, Year) NA		27b. TIME OF INJURY NA		27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	
27d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		27e. DESCRIBE HOW INJURY OCCURRED NA		27f. LOCATION (Street and Number or Rural Route Number, City or Town, State) NA			
28a. (Specify) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER/CORONER		28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <u>Ralph A. Schmitz MD</u>		28c. DATE SIGNED (Month, Day, Year) 09 12 02		28d. TIME OF DEATH 12:25 A.M.	
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <u>Ralph A. Schmitz MD</u> <u>315 East Cleveland Monett Mo. 65708</u>		29b. MO. LICENSE NUMBER <u>MO. MDK2H57</u>		30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		32. REGISTRAR'S SIGNATURE 		33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) September 12, 2002			

MIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193245, 193255.6 193.315 RSMo 1994).

STATE OF MISSOURI } ss
Barry County

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health and Senior Services this date of

Sept. 12, 2002
MO 580-1143 (10-01)

Nancy Boyd
Registrar of Vital Statistics